Fact Sheet:

California Outcomes Measurement System (CalOMS)
Approach to Data Collection and Automation
Frequently Asked Questions

What is the approach to data collection and automation for the CalOMS project?

In the CalOMS data flow, the counties, working with their providers, and direct providers will collect and store the needed CalOMS client data using their own business processes and information systems. Once a month at a maximum, the counties and direct providers will use their client data stores to prepare an electronic file with the CalOMS data and send this data file to ADP. ADP would use the data files from the counties to update the CalOMS database and produce the data files required to be sent to the federal government. The CalOMS database will be used to produce reports for various stakeholders including the counties.

Why was this approach chosen?

ADP has a contractual relationship with the counties. Historically, counties, in partnership with their providers, are responsible for:
- Establishing and managing their relationships with the service providers in their area
- Managing the treatment services delivered to clients by those service providers

- The case management of clients and counselors
- The implementation of the processes, tools and systems required for client case management and client data collection.

The CalOMS approach to data collection is in line with the traditional contractual relationship between ADP and the counties. This approach properly aligns responsibility for client case management and the collection of client data with the counties rather than ADP. If ADP deployed data entry screens, this would have allowed providers in counties to submit data directly to the state which is not in alignment with ADP's contractual relationship with the counties and the counties' relationships with their providers.

There is a strong trend among counties in California to deploy their own automated information systems to collect and provide the data they need to manage service delivery in their areas. The CalOMS approach is in alignment with this trend and encourages the counties to design the automation solutions that are the best fit for their situation. The counties have a wide range of technology environments and automation needs and ADP has determined

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that a system that meets all counties' needs is not possible.

The counties and providers are the original source of client data. They collect and store client data for a variety of purposes. The entry of data into automated systems should be performed as close as possible to the original source of that data. For this reason, the collection and entry of CalOMS client data into automated systems is best performed locally by the providers and counties. If ADP were to deploy data entry tools, this would duplicate data entry performed locally either on paper or into automated systems. By not including data entry screens, the CalOMS approach avoids potential situations where a county or provider may be compelled to perform duplicate data entry into a county or provider system and the state's data system.

This option gives the counties and direct providers one standard method for submitting their data to the CalOMS system thereby avoiding confusion on the part of counties and providers. It also avoids situations where a county may split their data submission processes between both data file upload and online data entry for the submission of the CalOMS data set to ADP. This approach would cause data administration problems and confusion.

The counties and their service providers are responsible for ensuring the privacy and confidentiality of the client health information they collect as required by the Health Insurance Privacy and Portability Act (HIPAA) and other privacy laws and regulations. ADP believes that the CalOMS approach properly maintains the separation of county and state responsibilities related to the privacy and confidentiality of health information.

How will the counties send their data files to ADP?

ADP plans to use the Information Technology Web Services (ITWS) portal operated by the Department of Mental Health (DMH) to support the upload of data files from the counties and direct providers to ADP's CalOMS system that will be housed at the Health and Human Services Data Center (HHSDC). The ITWS is a web-based system that facilitates the transfer of data files between the counties and state systems. The ITWS is strictly a file transfer system and is not designed to support screen-based data entry. The CalOMS data files will not be stored at DMH; the files will only be stored in a protected environment at the HHSDC.

The advantage of using the ITWS for CalOMS is that many counties and direct providers are already using the ITWS to send files to the state and they are familiar with ITWS procedures. Additionally, many county staff already have user identifiers and passwords established in the ITWS and they will not be required to establish a second set of user identifiers and passwords on an ADP system. The ITWS is a stable, established system and ADP will be able to leverage that existing capability to facilitate the upload of county data files for the CalOMS system. This approach is also consistent with the general trend in state government to consolidate IT systems and services where it makes sense.

How will the data collection process work?

Generally, the automated data collection process for CalOMS will function as follows.

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- ADP will establish standards for the contents and format of CalOMS data files submitted by the counties and direct providers.
- The counties, working with their providers, and direct providers will deploy the manual and automated systems needed to collect the required client and outcomes data by using existing systems, enhancing existing systems or implementing new systems as determined by the counties and direct providers.
- The service providers will submit their client and outcomes data to their counties using the manual and/or automated systems identified by those counties.
- The counties, working with their providers, and direct providers will be responsible for editing the data and ensuring data quality.
- On a nightly, weekly or monthly basis, counties and direct providers will extract the required CalOMS data from their systems to create a CalOMS data file that conforms with the standard data file format established by ADP.
- Counties and direct providers will send their CalOMS data files to ADP through the ITWS. The ITWS will pass the data files to the CalOMS system at HHSDC.
- The CalOMS system will edit the incoming data and identify any errors. It will report the data errors back to the counties and direct providers through the ITWS. The counties and direct providers will correct the data errors in their systems and re-submit the client records to ADP through the process described above.
- Client records that pass the data edit routines will be used to update the CalOMS database.

How will the data be used?

- The CalOMS database will be used by OARA for outcomes studies and to satisfy special requests for AOD client information. They will use SAS and PC SAS to perform statistical analyses of the CalOMS data and produce specialized reports to satisfy requests for ad hoc information.
- CalOMS will generate reports for ADP management and staff, control agencies, county administrators and others as authorized. For CalOMS Phase I, the system will include a number of pre-programmed report routines that authorized individuals will be able to use to view detailed and summarized CalOMS information. CalOMS Phase I will not include a multi-purpose ad hoc data analysis and reporting tool for general use.
- ADP will use CalOMS to produce required data sets for the federal government.

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